

UNITED STATES DISTRICT COURT  
CENTRAL DISTRICT OF CALIFORNIA

## TRANSCRIPT ORDER FORM

Please use one form per court reporter per case, and contact court reporter directly immediately after e-filing form. (Additional instructions on next page.)

COURT USE ONLY

DUE DATE:

1a. Contact Person for this Order <b>Clinton Brown</b>	2a. Contact Phone Number <b>310-985-9935</b>	3a. Contact E-mail Address <b>clinton@atlasinc.solar</b>
1b. Attorney Name (if different)	2b. Attorney Phone Number	3b. Attorney E-mail Address

4. MAILING ADDRESS (INCLUDE LAW FIRM NAME, IF APPLICABLE)  
**Clinton Brown**  
**16821 Edgar Street**  
**Pacific Palisades, CA 90272**

5. Name & Role of Party Represented <b>Clinton Brown, Plaintiff</b>	6. Case Name <b>Clinton Brown v. Clark R. Taylor, AICP, The Los Angeles County Department of Regional Planning</b>
7a. District Court Case Number <b>22-cv-09203</b>	7b. Appeals Court Case Number <b>23-4131</b>

8. INDICATE WHETHER PROCEEDING WAS (choose only one per form):

☐ DIGITALLY RECORDED☒ TRANSCRIBED BY A COURT REPORTER; NAME OF COURT REPORTER: **Maria R. Bustillos**9. THIS TRANSCRIPT ORDER IS FOR: ☒ Appeal ☐ Non-Appeal ☐ Criminal ☒ Civil ☐ CJA ☐ USA ☐ FPD ☐ In forma pauperis (Court order for transcripts must be attached)

10. TRANSCRIPT(S) REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested, format(s), and delivery type):

You MUST check the docket to see if the transcript has already been filed, and if so, provide the "Release of Transcript Restriction" date in column c, below.

a. HEARING(S) OR PORTIONS OF HEARINGS (Attach additional pages if necessary. If sealed, a court order releasing transcript to the ordering party must be attached here or emailed to transcripts_cacd@cacd.uscourts.gov.)				b. SELECT FORMAT(S) (CM/ECF access included with purchase of transcript.)						c. RELEASE OF TRANS. RESTRICTION DATE	d. DELIVERY TYPE 30-day, 14-day, 7-day, 3-day, Daily, Hourly
HEARING DATE	Minute Order Docket# (if available)	JUDGE (name)	PROCEEDING TYPE / PORTION If requesting less than full hearing, specify portion (e.g., witness or time). CJA orders: indicate if openings, closings, voir dire, or instructions requested.	PDF (email)	TEXT / ASCII (email)	PAPER	CONDENSED (email)	CM/ECF ACCESS (web)	WORD INDEXING	(Provide release date of efiled transcript, or check to certify none yet on file.)	(Check with court reporter before choosing any delivery time sooner than "Ordinary-30.")
03/15/2024	144	MEMF	Full Hearing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/> None	<input checked="" type="checkbox"/>
				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="checkbox"/>
				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="checkbox"/>
				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="checkbox"/>
				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="checkbox"/>

11. ADDITIONAL COMMENTS, INSTRUCTIONS, QUESTIONS, ETC. CJA Orders: Explain necessity of non-appeal orders, orders for transcripts of proceedings involving only a co-defendant, &amp; special authorizations to be requested in Section 14 of CJA-24 Voucher (attach additional pages if needed).

12. ORDER &amp; CERTIFICATION. By signing below, I certify that I will pay all charges (deposit plus additional), or, where applicable, promptly take all necessary steps to secure payment under the Criminal Justice Act.

Date **03/15/2024**Signature **/s/Clinton Brown**